KENTUCKY TRANSPORTATION CABINET DIVISION OF ACCOUNTS STANDARD INVOICE

Page 1 of

DELIVERED TO:		Transportation Cabinet			Vendor's Invoice No.		
DIVISION OR DISTRICT:					Vendor's Invoice Date Purchase Order or		
ADDRESS TO WHICH DELIVERED:					Contact No.	Copy from purchase order or Contract	
NAME AND ADDRESS OF VENDOR					Program Code Copy from Purchase Order or Contract. Terms Send this invoice in duplicate directly to the billing address shown on the contract. Retain one copy for your files.		
ITEM NO.		DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
INSTRUCTIONS TO VENDOR 1. Submit invoice directly to Billing Address shown on contract, immediately upon completing shipment of all items per agreement. Partial payments are authorized on Purchase Contract if indicated there on. Discount period will be computed from date of delivery or date invoice is received, whichever is later.				VENDOR'S	Total Amount Discount Net Amount CERTIFICATION		
2. Use a separate invoice for each order or contract. Partial payments will not be made unless separate shipments and/or payments are authorized in the contract.			to the Com	I hereby certify that the commodities or services specified above have been furnished to the Commonwealth of Kentucky; that the quality and prices conform to the proposal and purchase order or contract; and that payment, in whole or in part, has not been received.			
Be certain to inser number in spaces pr	•	order or contract number and the account					
Vendor's certificat	_	·	FIRM				
5. FAILURE TO COMPLY WILL RESULT IN RETURN OF INVOICE FOR CORRECTION.			SIGNED	ВҮ			
		NAME A	ND TITLE	Type or Print			